

Original Date	UNKNOWN	Revision Date		Withdrawn Date	
---------------	---------	---------------	--	----------------	--

Pre-Op:

1. Surgery consent for: _____

2. NPO
3. Dilate _____ eye with

2.5% Neosynephrine
1% Cyclogel
0.1% Voltaren

(One drop of the above ophthalmic drops every 5 minutes x 3 on arrival)

4. For Topical Anesthesia:
0.5% Proparacaine 4 drops every 5 minutes X 3
(Flood eye with patient supine)

5. Pre-op Sedation medications: _____

Discharge Orders:

1. Diamox 500 mg sequel PO now
2. Show post-op video
3. Call for appointment for tomorrow at _____
4. Give:
 - a. Intraocular lens identification card
 - b. Sun Glasses
 - c. Tape
 - d. Discharge instructions

Physician Signature

____/____/____ :____
Date Time

PATIENT STICKER